



PATENT APPLICATION  
Attorney Docket No.: 58777.000003  
Application Serial No. 09/752,724

1653

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

Masafumi KITAKAZE

Serial No.: 09/752,724

Filed: January 3, 2001

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Group Art Unit: 1653

Examiner: Rita Mitra

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DEC 12 2002

TECH CENTER 1600/2900

For: TREATMENT OR PROPHYLAXIS OF ISCHEMIC HEART DISEASE

**TRANSMITTAL LETTER**

Under Secretary of Commerce for Intellectual Property  
and Director of the United States Patent and Trademark Office  
Washington, D.C. 20231

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action mailed September 10, 2002	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input checked="" type="checkbox"/> Submission of English Translation along with Verification of Translation; English Translation (25 pages) and Partial Translation of Reference D (3 pages)	\$
<input type="checkbox"/> Provisional Application Cover Sheet	\$
<input type="checkbox"/> Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input type="checkbox"/> Request for Extension of Time (2 months)	\$
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	\$

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims		20	0	x \$18.00	\$
Independent Claims		3	0	x \$80.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>					\$
SMALL ENTITY TOTAL (if applicable)					\$ .00

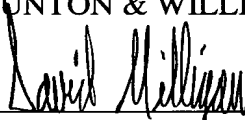
The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

HUNTON & WILLIAMS

Date: December 10, 2002

By:

  
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